

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

2010 JAN -7 PM 1:42

FORM
DR-2
(Rev. 01/98)DISCLOSURE
REPORT

For Office Use Only

Comm. #

Filers

Audited

Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

HEARING AID SOCIETY / POLITICAL ACTION COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

Derby Fletcher
SIGNATURE OF TREASURER (or person filing this report)

(319) 393-4673
TELEPHONE

1/6/2010
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JANUARY 19, 2010 REPORT FOR AN/A (1) ELECTION (1) NON-ELECTION YEAR.
(report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1,149.91

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

535.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

1,684.91

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

Schedule F: Loan Repayments total (Attach Schedule F)

1,369.26

CASH ON HAND at the end of this reporting period (If final report, balance must be zero) (Attach DR-3)

\$ \$ 315.65

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

HEARING AND SOCIETY POLITICAL ACTION COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/10/09	ID# CK# 1132	201 CENTER STREET ROBYN RITCHIE IA		\$50.00	<input type="checkbox"/>
9/11/09	ID# CK# 8347	GLAD HENNING 2441 280ST RUSHMORE, MN 56168		40.00	<input type="checkbox"/>
9/11/09	ID# CK# 1010	MARIA MARTIN 2706 OSBURN AVE OSKALOUSA IA 52577		25.00	<input type="checkbox"/>
9/11/09	ID# CK# CASH	Jerry Smith 834 W 4th St Waterloo IA 50702		100.00	<input type="checkbox"/>
9/11/09	ID# CK# CASH	Peagy Stephens 2425 4th St W Mason City IA 50401		20 ⁰⁰	<input type="checkbox"/>
9/11/09	ID# CK# CASH	Steve Suoko 1106 PENNSYLVANIA OTTUMWA IA 52501		20 ⁰⁰	<input type="checkbox"/>
9/11/09	ID# CK# CASH	Deb KLASER 416 W 4th St Waterloo IA 50702		20 ⁰⁰	<input type="checkbox"/>
9/11/09	ID# CK# CASH	SANDY HOBSON 2239 Merle Hwy Rd Des Moines IA 50310		20 ⁰⁰	<input type="checkbox"/>
9/11/09	ID# CK# CASH	LENDY FLETCHER 3241 CENTER PKWY CEDAR RAPIDS IA 52401		40 ⁰⁰	<input type="checkbox"/>
9/11/09	ID# CK# CASH	ROBYN RITCHIE 201 E 2nd St DAVENPORT IA 52807		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$365.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)HEARING AID SOCIETY POLITICAL ACTION COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(5), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/11/09	ID# CK# CASH	DAWN BOYLE 30 WEST MAIN ST MARSHALLTOWN, IA 50158		\$ 20 ⁰⁰	
9/11/09	ID# CK# CASH	HENRY SCHMIDT 371 LARACH AVE SHELDON, IA 51201		30 ⁰⁰	
9/11/09	ID# CK# CASH	Leslie Whippen 4217 UNIVERSITY DES MOINES, IA 50311		20 ⁰⁰	
9/11/09	ID# CK# CASH	SHARON SMITH 834 W 4th WATERLOO, IA 50702		25 ⁰⁰	
9/11/09	ID# CK# CASH	GREG MOORE 1312 W COURT ST OTTUMWA, IA 52501		10 ⁰⁰	
9/11/09	ID# CK# CASH	Angela Johnson 834 W 4th WATERLOO, IA 50702		20 ⁰⁰	
9/11/09	ID# CK# CASH	DIANA RAUTZKY 6025 HICKMAN RD DES MOINES, IA 50322		25 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$150⁰⁰TOTAL (if last page of this
schedule)\$535⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Direct Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NEARING AIO SOCIETY POLITICAL ACTION Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/07/09	ID# 564 CK# 1034	MURPHY FOR STATE Rep 155 NORT GRANDVIEW AVE DUBUQUE, IA 52001	CONTRIBUTION	\$200 ⁰⁰
12/07/09	ID# 1385 CK# 1035	MCCARTHY FOR STATE Rep 5220 SE 31ST CT DES MOINES, IA 50320	CONTRIBUTION	150 ⁰⁰
12/07/09	ID# 1318 CK# 1036	PAULSEN FOR STATE house PO Box 250 HAWAIIA, IA 52233	CONTRIBUTION	100 ⁰⁰
12/07/09	ID# 1237 CK# 1037	BETTY De Boef Committee 10972 170TH ST WHAIT CHEER, IA 50468	CONTRIBUTION	100 ⁰⁰
12/07/09	ID# 1247 CK# 1038	MARK SMITH FOR Iowa House 816 Roberts Terrace MARSHALLTOWN, IA 50158	CONTRIBUTION	150 ⁰⁰
12/07/09	ID# 1612 CK# 1039	CITIZENS for Grout 220 Bennett Ave Council Bluffs, IA 51503	CONTRIBUTION	250 ⁰⁰
12/07/09	ID# 5135 CK# 1040	McKINLEY FOR Iowa 21884 483rd LANE Chariton, IA 50049	CONTRIBUTION	150 ⁰⁰
12/07/09	ID# 1336 CK# 1041	AMANDA RAGAN for Iowa Senate 20 Granite Ct SE MASON CITY, IA 50401	CONTRIBUTION	150 ⁰⁰
SUB-TOTAL				\$ 1250.00
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONEY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HARRIS AUTO POLITICAL ACTION COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/8/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	\$ 3.21
8/8/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	3.21
9/9/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	3.21
10/8/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	3.21
11/7/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	3.21
12/8/09	ID# CK# AUTO	WELLS FARGO	SERVICE FEE	3.21
12/7/09	ID# 1711 CK# 1042	Cowrie for Statehouse 686 58th place West Des Moines, IA 50266	CONTRIBUTION	100 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 119.26
TOTAL (if last page of this schedule)				\$ 1,369.26

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)